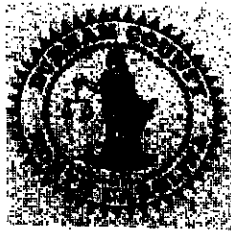


**DURHAM COUNTY
BOARD OF ELECTIONS**



**NOTICE OF CANDIDACY
FOR MAYOR AND CITY
COUNCIL
2005**

TO THE DURHAM COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as Durham City Council,
(Name of Office)
Ward 2, for the City of Durham in the regular Municipal Election to be held on the 8th of November,
2005.

6 Kaplan Court
Residence Address
Durham NC 27703
City, State, Zip
111944 P.O. BOX
Mailing Address
Durham, NC 27703
City, State, Zip

Carolina James-Rivera
Name as it will appear on Ballot
[Signature]
Signature of Candidate
(919) 598-6865 (919) 599-3464
Home Telephone Work Telephone
CarolinaJRivera@aol.com
Email Address

Certification of Notice of Candidacy

I hereby certify that Carolina James-Rivera, the candidate who signed above, personally appeared
(Name as it will appear on Ballot)
before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her
signature to be the same.

This 1 day of July, 2005.

[Signature]
Signature of Certifying Officer

Director / Notary
Title of Certifying Officer

My commission expires: 31 May 2006

NOTICE TO CANDIDATES:

All Notices of Candidacy, together with the proper filing fee, must be in the possession of the County Board of Elections by NOON on FRIDAY, August 5, 2005, to be accepted. This does not mean in the mail at that time, and all Notices arriving after that time cannot be accepted. Business, corporate checks or cash are not acceptable.

FILING FEES

Mayor City of Durham\$156.70

City Council Ward I,II,III\$122.40

For Office Use Only

658 \$122.40
Check Number and Amount

332
Receipt Number

[Signature]
Received by

1 July 05
Date Received

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☒ No

1. Committee Information		c. ID Number	
a. Full Name Committee to Elect Carolina James Rivera			
b. Mailing Address (include City, State and Zip Code) P.O. Box 111944 Durham NC, 27703		d. Date Organized July 1, 2005	
		e. Phone Number 919-598-6865	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Carolina James Rivera		c. Candidate ID Number	d. Party Affiliation NP
b. Mailing Address (include City, State, and Zip Code) 111944 P.O. Box Durham NC. 27703		e. Office Sought City Council Ward 2	
		f. Jurisdiction	
		(If office sought is nonpartisan, write "Nonpartisan" in (d) Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Mrs. Carolina James Rivera		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 111944 P.O. Box Durham NC. 27703		b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number 919-598-6865	d. Email Address Carolina.J.Rivera@aol.com	c. Phone Number	d. Email Address
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name Mary Michelle Kates		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code) 6 Kapan Ct Durham NC. 27701		b. Purpose	
c. Phone Number 919-672-1383	d. Email Address LilMike33@yahoo.com	c. Code	d. Type
CERTIFICATION			
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date 04/01/05	

CRO-2100A

NC State Board of Elections

May 2003



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name:

Committee to Elect Carolina James Rivera

Treasurer Name:

Mrs Carolina James Rivera

Treasurer Address:

6 Kaplan Court

(include city, state, & zip)

Durham, NC 27703

Treasurer Phone:

(919) 598-6865

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

07/01/05

Date Signed

Signature [Signature]



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

Carolina James Rivera

Treasurer Name:

Mrs. Carolina James Rivera

Treasurer Address:

6 Kaplan Court

(include city, state, & zip)

Durham, NC 27703

Treasurer Phone:

919 5986865

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

07/01/05

Date Signed

Signature of Candidate